## PATENT APPLICATION PEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

FM-2205

|  | -  | Ellect                                    | ive Janua                             | y 1, 200                           |                      | · · · · · · · · · · · · · · · · · · · |                 | 1        |          | 7 14                   | 2                   | 200                 |                        |          |
|--|--|---|---------------------------------------|------------------------------------|----------------------|---------------------------------------|-----------------|----------|----------|------------------------|---------------------|---------------------|------------------------|----------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                       |                                    |                      |                                       |                 |          | EN       | ΠΙΤΥ .<br>             | OR                  | OTHER<br>SMALL      |                        |          |
| TOTAL CLAIMS   |  |   | 37i                                   |                                    |                      |                                       | 1               | RATE     |          | FEE                    | 1                   | RATE                | FEE                    |          |
| FOR  |  |   | NUMBER F                              | ILED                               | NUMBER EXTRA         |                                       |                 | BASIC F  | EE       | 375.00                 | OR                  | BASIC FEE           | 750.00                 |          |
| TOTAL CHARGEABLE CLAIMS  |  |   | 3.4 min                               | us 20= '                           | • //-                |                                       |                 | X\$ 9    | u        | 49                     | OR                  | X\$18=              |                        |          |
| INDEPENDENT CLAIMS   |  |   | / / minus 3 =                         |                                    |                      | 8                                     |                 | X42= 336 |          | 336                    | OR                  | X84=                |                        |          |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT                                |                                    |                      |                                       |                 | +140     | <b>=</b> |                        | OR                  | +280=               |                        |          |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |                                       |                                    |                      |                                       | i               | TOTA     | J        | 8/10                   | , ,                 | TOTAL               |                        |          |
| 7  | 11/05€   | LAIMS AS A                                | MENDED                                | ED - PART II (Column 2) (Column 3) |                      |                                       |                 | SMAL     | LL E     | NTITY                  | OR                  | OTHER<br>SMALL      |                        |          |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ER<br>USLY           | PRESENT<br>EXTRA                      |                 | RATE     |          | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |          |
|  | Total  | · 3/                                      | Minus                                 | <u>* 3</u>                         | <u></u>              | <u>-</u> ,                            |                 | X\$ 9    |          |                        | OR                  | X\$18≃              |                        | <b>-</b> |
|  | Independent                                    | TATION OF M                               | Minus                                 | ENDENT                             | CI AIM               |                                       |                 | X42=     |          |                        | OR                  | X84=                |                        |          |
|  | A  | NIATIONOF                                 | octifice ber                          | ENDENT                             | COGIN                |                                       | J               | +140     | =        |                        | OR                  | +280=               | <u> </u>               |          |
| (Column 1) (Column 2) (Column 3)   |  |   |                                       |                                    |                      | . !                                   | TOT<br>ADDIT, F | AL<br>EE |          | OR                     | TOTAL<br>ADDIT. FEE | 1                   |                        |          |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>USLY     | PRESENT<br>EXTRA                      |                 | RATE     |          | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |          |
|  | Total  | . 30                                      | Minus                                 | <u> </u>                           | 4                    | =                                     |                 | X\$ 9:   | =        |                        | ΌŖ                  | X\$18=              |                        |          |
|  | Independent                                    | NITATION OF M                             | Minus                                 | ENDENT                             | CLAIM                | =                                     |                 | X42=     | -        |                        | OR                  | X84=                |                        |          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                                       |                                    |                      |                                       |                 | +140     |          | •                      | OR                  | +280=               |                        |          |
|  |  |   |                                       |                                    |                      |                                       |                 | TO I     |          |                        | OR                  | TOTAL<br>ADDIT. FEE |                        |          |
|  |  | (Column 1)                                |                                       | (Colum                             | ın 2)                | (Column 3)                            | _               |          |          | ·                      |                     | •                   |                        |          |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUMB<br>PREVIO<br>PAID F  | ER<br>USLY           | PRESENT<br>EXTRA                      |                 | RATE     |          | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |          |
| <b>∑</b>   | Total  | •   | Minus                                 | **                                 |                      |                                       | ]               | X\$ 9:   | =        |                        | OR                  | X\$18=              |                        | ļ        |
| AME  | Independent                                    | •   | Minus                                 | 244                                | O: 441               | <u> -</u>                             |                 | - X42-   |          |                        | OR                  | . X84=              |                        |          |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                    |                      |                                       |                 | +140:    |          |                        | OR                  | +280=               |                        |          |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **Total ADDIT. FEE ADDIT. FEE ADDIT. FEE |  |   |                                       |                                    |                      |                                       |                 |          |          |                        |                     |                     |                        |          |
| ••••<br>   | 'il the "Highest Nu<br>The "Highest Nun        | imber Previously Pa<br>nber Previously Pa | 'ald For" IN THI<br>ild For" (Total o | S SPACE is<br>Independe            | iessth:<br>nt) is th | an 3, enter "3."<br>e highest numbe   | •               |          |          | ropriate bo            | x in co             | lumn 1.             | •                      |          |